

POSITION	INITIALS	ID NO.	DATE
	Wlh		03-08-01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	OW	32	3/2
FORMALITY REVIEW	WLM	869	03-08-01
RESPONSE FORMALITY REVIEW	WLM	1091	6-04-01

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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